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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re application of:** Schnarel et al.**Application No.** 09/383,038**Filed:** August 25, 1999**Confirmation No.** 6021**For:** GRAPHICAL USER INTERFACE FOR A  
SCREEN TELEPHONE**Examiner:** Steven Paul Sax**Art Unit:** 2174**Attorney Reference No.** 3382-51792CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney  
for Applicant(s)

Date Mailed February 20, 2004

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

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TRANSMITTAL LETTER

Enclosed for filing in the application referenced above are the following:

- ☒ Amendment
- ☒ Information Disclosure Statement
- ☒ Form 1449 and references cited thereon
- ☒ IDS Fee of \$180.00

The fee for the enclosed Amendment has been calculated as shown below.

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## CLAIMS AS AMENDED

For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims	41	- 40*	= 1	\$18.00	\$ 18.00
Indep. Claims	9	8**	= 1	\$86.00	\$ 86.00
Mult. Dep. Claims Fee (if not previously paid)				\$290.00	
One-month Extension of Time				\$110.00	
Two-month Extension of Time				\$420.00	
Three-month Extension of Time				\$950.00	\$950.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1054.00

\* greater of twenty or number for which fee has been paid.


\*\* greater of three or number for which fee has been paid.

- ☒ Applicants petition for an extension of time for the number of months indicated above. If an additional extension of time is required please consider this a petition therefor.
- ☒ A check in the amount of \$950.00 is attached to cover the three-month extension fee.
- ☒ A check in the amount of \$284.00 is attached to cover the IDS and additional claims fees.
- ☒ Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By

  
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cc: Docketing